

was given five to six treatments a week, none of the injections being made into the tumor. At the end of the first week he was found to have lost 5 pounds in weight, which he regained the second week.

At the time of presentation, thirteen days after the beginning of the treatment, the tumors in the neck had decreased fully two-thirds in size, the axillary and inguinal tumors had entirely disappeared and the spleen had diminished to such an extent that it could barely be felt on careful palpation. Absolutely no other treatment of any kind was given the patient during this period. The second examination of the blood at the end of the second week showed the white cells to have increased from 4,000 to 12,000. The red cells remained the same; the polynuclear cells had increased to 82 per cent.

NOTE.—Although no microscopical examination had been made at the time the case was reported, one of the tumors of the neck was removed shortly afterward and microscopical examination made by Dr. James Ewing, professor of pathology of Cornell Medical School, showed it to be a typical Hodgkin's disease.

EPITHELIOMA OF PALATE AND FAUCES.

DR. WILLIAM A. DOWNES presented a man, 42 years old, who was admitted to the General Memorial Hospital on August 25, 1907, with the history of having had a growth in the roof of the mouth for two years. In the beginning it was situated about the middle of the hard palate. Ten months ago an operation was undertaken to remove the mass, but on account of its extent the effort was abandoned. He was treated with the X-ray from that time until his admission to the hospital.

Upon examination, the entire hard and soft palate was found to be the seat of a fungating growth which projected into the mouth from one-half to three-quarters of an inch. The right anterior pillar was involved to a limited extent. In the centre of the hard palate was an opening, which would admit the end of the thumb; this connected with the nasal fossæ, and was the result of the previous operation. There was a very foul odor, due to the necrosed bone. A few moderately enlarged glands could be made out in the submaxillary region on each side. A specimen removed before the patient was sent to the hospital showed the growth to be typical epithelioma, and although the

involvement was very extensive, an operation was advised on account of the age of the patient and his very excellent condition.

Operation, August 26, 1907. Ether was administered by means of tubes passed through the nose well down into the pharynx, and the pharyngeal cavity was packed with gauze. Through a curved incision the right external carotid was tied, and a few small glands in the submaxillary region removed. Through a similar incision made on the left side a few slightly enlarged glands were extirpated and a loop of catgut was passed around the left external carotid. This loop was drawn upon gently by an assistant, and held in such a manner as to control the flow of blood through the artery. A median incision was then made through the upper lip and carried around either wing of the nose. Each half of the lip was retracted, and the nose freed from the anterior nasal process. After extracting the incisor teeth, the greater portion of the hard palate was removed with bone forceps—one blade in the nasal fossa and the other in the mouth. The soft palate and right anterior pillar were then removed with scissors. The vomer was cut away for some distance, as the disease had extended considerably in that direction. The growth had also invaded the alveolar processes, excepting the portion adjacent to the second and third molars on the left side, so it was necessary to remove the entire alveolar process on the right side and the greater part of the left. This was done with the bone scissors, going up on the outer wall of each antrum.

The bleeding had been controlled perfectly by the temporary ligature around the carotid. It became profuse, however, as soon as traction on the loop was discontinued, and all efforts at packing the cavity were futile. As only the outer wall of each antrum remained, it was impossible to get the packing to remain in place, nor could it be carried into the anterior part of the cavity, as by doing so the nostrils became occluded. After some delay it was deemed best to tie the left external carotid, and this was done with the same loop of catgut that had been used to make traction on the vessel. This immediately controlled the hemorrhage. The speaker said he had some misgivings as to how the incision through the lip would heal after the ligation of both external carotids, but barring a slight blanching for twenty-four hours the wound healed as was customary for wounds in this location. Healing in the lip as well as the neck was by first inten-

tion. The patient soon learned to swallow liquids by holding the head well back, and was discharged at the end of the second week. Two weeks ago a small recurrence was noted on the portion of the alveolar process which had been left. This had appeared suspicious at the time of operation, but it was left behind in the hope that it would be of use when the time came to fit an appliance to take the place, in a measure, of the missing palate and teeth. Under ether, the remaining molar teeth and this portion of the alveolar process were removed. The patient now felt better than he had in the past eighteen months and had gained considerable weight, although limited to fluid and soft diet. While his speech was naturally much interfered with, he could easily make himself understood.

SIMPLE FRACTURE OF THE CARPAL SCAPHOID.

DR. WILLIAM A. DOWNES read a paper with the above title for which see page. 72. In connection with his paper, Dr. Downes showed a number of patients and radiographs illustrating fracture of the carpal scaphoid.

DR. JOSEPH A. BLAKE asked Dr. Downes what his experience had been in cases of fracture of this kind with dislocation of the semilunar bone and considerable displacement of the fragments. Whether, under such conditions, it would be better to remove the entire row of bones, or only the semilunar and fragments? Some years ago, Dr. Blake said, he showed a case of fracture of the carpal scaphoid, with dislocation of the fragments, in which an operation had been advised but refused. The result of non-interference was a comparatively stiff wrist, with very little return of power. For at least a year following the accident there was considerable pain on using the wrist, and limitation of motion still persisted.

DR. CHARLES H. PECK said he recently saw a patient who about six years ago had fallen from his horse, striking on the extended hand. The case was treated as a sprain, and since the time of the accident the patient had never been entirely free from pain over the carpal scaphoid, and this had interfered with his duties, which were those of a mining engineer. Nothing abnormal could be felt in the wrist, but a radiograph seemed to confirm the diagnosis of old fracture of the carpal scaphoid.

DR. ARTHUR LYMAN FISK said that in the early part of the